

FARM BILL PROGRAM REFERRAL

SECTION 1 Applicant Information (Completed by NRCS)

Name: _____

Address: _____

Phone: _____

Farm#: _____ Tract#: _____ Field#: _____

Location: _____

Program: _____ Practice Requested: _____

SECTION 2 Needs Determination (Completed by Agency or Technical Service Provider)

1. Practice: _____ a. Extent Requested _____ b. Extent Needed _____

Practice: _____ a. Extent Requested _____ b. Extent Needed _____

Practice: _____ a. Extent Requested _____ b. Extent Needed _____

Practice: _____ a. Extent Requested _____ b. Extent Needed _____

Practice: _____ a. Extent Requested _____ b. Extent Needed _____

The practices shown in item(s) 1b above are needed and practical.

Signature: _____ Date: _____

Comments: _____

SECTION 3 Application Certification (Completed by Agency or Technical Service Provider)

2. Practice: _____ a. Extent Needed _____ b. Extent Completed _____

Practice: _____ a. Extent Needed _____ b. Extent Completed _____

Practice: _____ a. Extent Needed _____ b. Extent Completed _____

Practice: _____ a. Extent Needed _____ b. Extent Completed _____

Practice: _____ a. Extent Needed _____ b. Extent Completed _____

The practice(s) has/have been performed to the extent shown in item(s) 2b above and meet program requirements and WV NRCS practice standards.

Signature: _____ Date: _____

Comments: _____

Planners should return a copy of this completed form and any supplemental material to the NRCS field office or state office (as appropriate) for processing.